



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2010  
OF THE CONDITION AND AFFAIRS OF THE  
UnitedHealthcare of Arkansas, Inc.

NAIC Group Code07070707NAIC Company Code95446Employer's ID Number63-1036819

(Current)(Prior)

Organized under the Laws ofArkansas, State of Domicile or Port of EntryArkansas

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized09/27/1990Commenced Business04/01/1992

Statutory Home Office1401 Capitol Ave. 3rd Floor, Ste 375Little Rock , AR 72205

(Street and Number)(City or Town, State and Zip Code)

Main Administrative Office1401 Capitol Ave. 3rd Floor, Ste 375

(Street and Number)

Little Rock , AR 72205501-664-7700

(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Mail Address9900 Bren Road East MN008-W345Minnetonka , MN 55343

(Street and Number or P.O. Box)(City or Town, State and Zip Code)

Primary Location of Books and Records9900 Bren Road East MN008-W345

(Street and Number)

Minnetonka , MN 55343952-936-1237

(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.uhc.com

Statutory Statement ContactSarah Kay Verdoorn952-936-1237

(Name)(Area Code) (Telephone Number)

Sarah\_K\_Verdoorn@uhc.com952-936-1187

(E-mail Address)(FAX Number)

OFFICERS

President/Chief Executive OfficerGregory David ReidyVice President/Regulatory Controller/Assistant TreasurerNyle Brent Cottingham

Assistant SecretaryMichelle Marie Huntley Dill

OTHER

Robert Worth Oberrender TreasurerJohn Joseph Matthews SecretaryTimothy Gilbert Caron Assistant Secretary

Stephen Lewis Wilson Jr Chief Financial OfficerJuanita Valarae Bolland Luis Assistant SecretaryThomas Shaun McGlinch # Assistant Treasurer

Paul Timothy Runice # Assistant Treasurer

DIRECTORS OR TRUSTEES

Gregory David ReidyRobert James FriedrichsDaniel Martin Cole

State ofTennesseeState ofMinnesotaState ofMinnesota

County ofWilliamsonCounty ofHennepinCounty ofHennepin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Gregory David ReidyMichelle Marie Huntley DillNyle Brent Cottingham

President/Chief Executive OfficerAssistant SecretaryVice President/Regulatory Controller/Assistant Treasurer

Subscribed and sworn to before me thisSubscribed and sworn to before me thisSubscribed and sworn to before me this

day ofday ofday of

- a. Is this an original filing?..... Yes [ X ] No [ ]
- b. If no,

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Rx Solutions, Inc. ....	151,795	9,995	8,103	1,607	27,394	144,106
Medco Health Solutions, Inc. ....	2,815				2,815	0
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	154,610	9,995	8,103	1,607	30,209	144,106
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	154,610	9,995	8,103	1,607	30,209	144,106

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 PART 2 SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	United Behavioral Health .....	297,686	24,807		
	Spectera, Inc .....	8,662	.722		
	ACN Group, Inc .....	13,634	.1,135		
	Dental Benefit Providers Inc .....	13,357	.1,113		
9999999 Totals		333,339	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	NONE					
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	Total						





ANNUAL STATEMENT FOR THE YEAR 2010 OF THE UnitedHealthcare of Arkansas, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION UnitedHealthcare of Arkansas, Inc. 2. Little Rock, AR

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0707		Arkansas		2010							NAIC Company Code 95446
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		3,166	4	2,484					678		
2. First Quarter .....		3,733	5	2,407					1,321		
3. Second Quarter .....		3,798	5	2,396					1,397		
4. Third Quarter .....		3,745	6	2,287					1,452		
5. Current Year .....		3,776	7	2,255					1,514		
6. Current Year Member Months		45,163	68	28,231					16,864		
Total Member Ambulatory Encounters for Year:											
7. Physician .....		51,201	52	23,206					27,943		
8. Non-Physician .....		11,130	4	1,601					9,525		
9. Total .....		62,331	56	24,807	0	0	0	0	37,468	0	0
10. Hospital Patient Days Incurred		3,425	20	462					2,943		
11. Number of Inpatient Admissions		660	2	153					505		
12. Health Premiums Written (b) .....		23,130,372	35,513	11,408,742					11,686,117		
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written .....		0									
15. Health Premiums Earned .....		23,110,898	36,051	11,413,360					11,661,487		
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services .....		16,843,313	16,968	7,642,343					9,184,002		
18. Amount Incurred for Provision of Health Care Services		18,055,486	16,423	7,377,316					10,661,747		

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....11,686,117

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE UnitedHealthcare of Arkansas, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare of Arkansas, Inc.

2. Little Rock, AR

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2010		(LOCATION)	
0707										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
			Individual	Group							
Total Members at end of:											
1. Prior Year .....	3,166	4	2,484	0	0	0	0	0	678	0	0
2. First Quarter .....	3,733	5	2,407	0	0	0	0	0	1,321	0	0
3. Second Quarter .....	3,798	5	2,396	0	0	0	0	0	1,397	0	0
4. Third Quarter .....	3,745	6	2,287	0	0	0	0	0	1,452	0	0
5. Current Year .....	3,776	7	2,255	0	0	0	0	0	1,514	0	0
6. Current Year Member Months	45,163	68	28,231	0	0	0	0	0	16,864	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician .....	51,201	52	23,206	0	0	0	0	0	27,943	0	0
8. Non-Physician .....	11,130	4	1,601	0	0	0	0	0	9,525	0	0
9. Total	62,331	56	24,807	0	0	0	0	0	37,468	0	0
10. Hospital Patient Days Incurred	3,425	20	462	0	0	0	0	0	2,943	0	0
11. Number of Inpatient Admissions	660	2	153	0	0	0	0	0	505	0	0
12. Health Premiums Written (b) .....	23,130,372	35,513	11,408,742	0	0	0	0	0	11,686,117	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	23,110,898	36,051	11,413,360	0	0	0	0	0	11,661,487	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	16,843,313	16,968	7,642,343	0	0	0	0	0	9,184,002	0	0
18. Amount Incurred for Provision of Health Care Services	18,055,486	16,423	7,377,316	0	0	0	0	0	10,661,747	0	0

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....11,686,117

Schedule S - Part 1 - Section 2  
**N O N E**

Schedule S - Part 2  
**N O N E**

## SCHEDULE S - PART 3 - SECTION 2

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2010 OF THE UnitedHealthcare of Arkansas, Inc.

## SCHEDULE S - PART 4

### Reinsurance Ceded to Unauthorized Companies

[illegible]

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums .....	11	12	15	20	28
2. Title XVIII - Medicare .....	12	6	5	4	3
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	0	0	0	0	0
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F) .....	0	0	0	0	0
13. Letters of credit (L) .....	0	0	0	0	0
14. Trust agreements (T) .....	0	0	0	0	0
15. Other (O) .....	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	9,545,614		9,545,614
2. Accident and health premiums due and unpaid (Line 15) .....	73,786		73,786
3. Amounts recoverable from reinsurers (Line 16.1) .....	0		0
4. Net credit for ceded reinsurance .....	xxx	(1,915)	(1,915)
5. All other admitted assets (Balance) .....	936,582		936,582
6. Total assets (Line 28)	10,555,982	(1,915)	10,554,067
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	3,358,538		3,358,538
8. Accrued medical incentive pool and bonus payments (Line 2) .....	3,651		3,651
9. Premiums received in advance (Line 8) .....	199,986		199,986
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19) .....	0		0
11. Reinsurance in unauthorized companies (Line 20) .....	0		0
12. All other liabilities (Balance) .....	501,930	(1,915)	500,015
13. Total liabilities (Line 24) .....	4,064,104	(1,915)	4,062,189
14. Total capital and surplus (Line 33) .....	6,491,878	xxx	6,491,878
15. Total liabilities, capital and surplus (Line 34)	10,555,982	(1,915)	10,554,067
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....	0		
17. Accrued medical incentive pool .....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	0		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	0		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	1,915		
26. Total ceded reinsurance payables/offsets .....	1,915		
27. Total net credit for ceded reinsurance	(1,915)		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama .....	AL					
2.	Alaska .....	AK					
3.	Arizona .....	AZ					
4.	Arkansas .....	AR					
5.	California .....	CA					
6.	Colorado .....	CO					
7.	Connecticut .....	CT					
8.	Delaware .....	DE					
9.	District of Columbia .....	DC					
10.	Florida .....	FL					
11.	Georgia .....	GA					
12.	Hawaii .....	HI					
13.	Idaho .....	ID					
14.	Illinois .....	IL					
15.	Indiana .....	IN					
16.	Iowa .....	IA					
17.	Kansas .....	KS					
18.	Kentucky .....	KY					
19.	Louisiana .....	LA					
20.	Maine .....	ME					
21.	Maryland .....	MD					
22.	Massachusetts .....	MA					
23.	Michigan .....	MI					
24.	Minnesota .....	MN					
25.	Mississippi .....	MS					
26.	Missouri .....	MO					
27.	Montana .....	MT					
28.	Nebraska .....	NE					
29.	Nevada .....	NV					
30.	New Hampshire .....	NH					
31.	New Jersey .....	NJ					
32.	New Mexico .....	NM					
33.	New York .....	NY					
34.	North Carolina .....	NC					
35.	North Dakota .....	ND					
36.	Ohio .....	OH					
37.	Oklahoma .....	OK					
38.	Oregon .....	OR					
39.	Pennsylvania .....	PA					
40.	Rhode Island .....	RI					
41.	South Carolina .....	SC					
42.	South Dakota .....	SD					
43.	Tennessee .....	TN					
44.	Texas .....	TX					
45.	Utah .....	UT					
46.	Vermont .....	VT					
47.	Virginia .....	VA					
48.	Washington .....	WA					
49.	West Virginia .....	WV					
50.	Wisconsin .....	WI					
51.	Wyoming .....	WY					
52.	American Samoa .....	AS					
53.	Guam .....	GU					
54.	Puerto Rico .....	PR					
55.	U.S. Virgin Islands .....	VI					
56.	Northern Mariana Islands .....	MP					
57.	Canada .....	CN					
58.	Aggregate Other Alien .....	OT					
59.	Total						

NONE



SCHEDULE Y  
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1913523	ACN Group IPA of New York, Inc.					2,386,748				2,386,748	
	27-0015861	ACN Group of California, Inc.	(5,000,000)				3,580,007				(1,419,993)	
82406	35-1665915	All Savers Insurance Company					(675,612)	2,792			(672,820)	(18,816)
73130	35-1744596	All Savers Life Insurance Company of California					(40,537)				(40,537)	
97179	86-0207231	American Medical Security Life Insurance Company	(23,000,000)				1,046,618	56,320			(21,897,062)	(14,658)
	54-1743141	AmeriChoice Health Services, Inc.					75,680,850				75,680,850	
13178	26-2481299	AmeriChoice of Connecticut, Inc.		10,000,000			(9,410,920)	(117,516)			471,564	
13168	26-2688274	AmeriChoice of Georgia, Inc.					(316)				(316)	
95497	22-3368602	AmeriChoice of New Jersey, Inc.		10,000,000			(93,443,077)				(83,443,077)	
	88-0267857	Behavioral Healthcare Options, Inc.					13,667,553				13,667,553	
	95-4188244	CII Financial, Inc.					(436,103)				(436,103)	
	52-1811176	DBP Services of New York IPA, Inc.					35,725,744				35,725,744	
	52-1452809	Dental Benefit Providers of California, Inc.	(7,300,000)				(3,728,673)			(182,221)	(11,210,894)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.		1,000,000			(211,897)				788,103	
	41-2014834	Dental Benefit Providers, Inc.					155,451,311				155,451,311	
	30-0226127	Evercare Hospice, Inc.					39,841				39,841	
13214	26-2697886	Evercare of New Mexico, Inc.		50,000,000			(33,346,324)				16,653,676	
11141	91-2008361	Evercare of Texas, L.L.C.	(27,000,000)				(105,850,513)				(132,850,513)	
	88-0223385	Family Health Care Services					27,329,062				27,329,062	
	88-0257036	Family Home Hospice, Inc.					664,615				664,615	
	37-0855360	Golden Rule Financial Corporation					4,177,150				4,177,150	
62286	37-6028756	Golden Rule Insurance Company	(75,000,000)				(159,226,029)	(2,792)			(234,228,821)	18,816
95467	38-3204052	Great Lakes Health Plan, Inc.		25,000,000			(71,675,772)	(1,291,802)			(47,967,574)	431,197
	98-0213198	H & W Indemnity, Ltd.					1,250,000				1,250,000	
43893	13-3584296	Health Net Insurance of New York, Inc.		71,500,000			7,299	841,474		(5,738)	72,343,035	
95968	06-1084283	Health Net of Connecticut, Inc.	(14,000,000)				(8,923)	(925,691)			(14,934,614)	
95351	22-3241303	Health Net of New Jersey, Inc.		15,000,000			(5,963)				14,994,037	
95305	06-1174953	Health Net of New York, Inc.		(12,500,000)			7,587				(12,492,413)	
	98-0153069	Health Net Services (Bermuda) Ltd.		(40,000,000)				(841,474)			(40,841,474)	
96342	88-0201035	Health Plan of Nevada, Inc.	(5,300,000)				(517,118,796)	(511,092)			(522,929,888)	
	95-4763349	HealthAllies, Inc.					6,143,763				6,143,763	
	41-1858498	Ingenix, Inc.					34,464,151				34,464,151	
		MAMSI Insurance Resources, LLC					6,030,408				6,030,408	
60321	52-1803283	MAMSI Life and Health Insurance Company	(30,000,000)				(8,851,745)				(38,851,745)	
96310	52-1169135	MD-Individual Practice Association, Inc.	(33,000,000)				(58,381,891)	(531,623)			(91,913,514)	
		Mid Atlantic Medical Services, LLC					30,575,990				30,575,990	
	39-1624025	Midwest Security Care, Inc.					73,574				73,574	
79480	35-1279304	Midwest Security Life Insurance Company	(10,000,000)				(3,049,522)				(13,049,522)	
	41-1485369	National Benefit Resources, Inc.					17,372,307				17,372,307	
95251	76-0196559	National Pacific Dental, Inc.	(2,000,000)				(2,570,942)				(4,570,942)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95123	65-0996107	Neighborhood Health Partnership, Inc.	(14,800,000)				(59,841,887)				(74,641,887)	
95758	88-0228572	Nevada Pacific Dental	(2,200,000)				(1,562,189)				(3,762,189)	
		OneNet PPO, LLC					295,242				295,242	
96940	52-1518174	Optimum Choice, Inc.	(60,000,000)				(44,052,147)	(324,212)			(104,376,359)	
	47-0858534	OptumHealth Bank, Inc.					(284,642)				(284,642)	
	41-1591944	OptumHealth Care Solutions, Inc.					47,248,699				47,248,699	
78026	22-2797560	Oxford Health Insurance, Inc.	(13,000,000)				(270,381,371)	(206,218,929)			(489,600,300)	459,014,561
96798	06-1181201	Oxford Health Plans (CT), Inc.	(1,900,000)				(4,864,118)	(116,576)			(6,880,694)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(78,100,000)				(52,043,337)	(335,667)			(130,479,004)	852,886
95479	06-1181200	Oxford Health Plans (NY), Inc.	13,000,000				(202,170,899)				(189,170,899)	
		Oxford Heath Plans LLC					39,548,829				39,548,829	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.	(2,000,000)				1,462,722			(17,306)	(554,584)	
	35-1508167	PacifiCare Health Plan Administrators, Inc.	35,000,000				463,694,708			(26,044,406)	472,650,302	
70785	35-1137395	PacifiCare Life and Health Insurance Company					(70,170,806)	(56,320)		135,991,769	65,764,643	14,658
84506	95-2829463	PacifiCare Life Assurance Company	(75,000,000)				(5,830,505)	(1,788,600)		(417,362)	(83,036,467)	(114,013)
95617	94-3267522	PacifiCare of Arizona, Inc.	(20,000,000)				(155,545,487)	(1,045,398)			(176,590,885)	
	95-2931460	PacifiCare of California	(350,000,000)				(311,745,104)			(46,986,388)	(708,731,492)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(90,400,000)				(104,397,129)	(728,561)		(5,527,427)	(201,053,117)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(30,000,000)				(5,471,195)	1,788,600		(329,504)	(34,012,099)	114,013
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(22,500,000)				(50,130,447)			(2,695,653)	(75,326,100)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(12,600,000)				(33,166,601)			(1,669,638)	(47,436,239)	
95174	33-0115163	PacifiCare of Texas, Inc.	(95,000,000)				(264,715,603)	(2,025,107)			(361,740,710)	
48038	91-1312551	PacifiCare of Washington, Inc.	(38,000,000)				(52,672,821)				(90,672,821)	
	94-3252033	PacificDental Benefits, Inc.					2,865,112				2,865,112	
	33-0441200	RxSolutions, Inc.					457,869,957			(26,911,314)	430,958,643	
71420	94-0734860	Sierra Health and Life Insurance Company, Inc.	(7,000,000)				(11,079,296)	256,558			(17,822,738)	
	88-0200415	Sierra Health Services, Inc.					121,285,000				121,285,000	
	88-0254322	Sierra Health-Care Options, Inc.					(106,305)				(106,305)	
	88-0385705	Sierra Home Medical Products, Inc.					29,018,841				29,018,841	
	88-0201420	Southwest Medical Associates, Inc.					304,144,160				304,144,160	
	52-1260282	Spectera, Inc.					126,160,543				126,160,543	
	94-3077084	U.S. Behavioral Health Plan, California					(15,425,354)			(705,915)	(16,131,269)	
	41-1921008	UHC Holdings, Inc.	88,526,161								88,526,161	
	39-1995276	UMR, Inc.					8,225,688				8,225,688	
91529	52-1996029	Unimerica Insurance Company					(29,707,909)				(29,707,909)	
11596	01-0637149	Unimerica Life Insurance Company of New York					65,388				65,388	
	25-1877716	Unison Administrative Services, LLC					210,022,102				210,022,102	
	20-5917714	Unison Health Plan of Delaware, Inc.					(24,842,576)	(1,607,292)			(26,449,868)	828,752
12323	56-2451429	Unison Health Plan of Ohio, Inc.	(30,200,000)				(46,801,517)	(2,165,148)			(79,166,665)	616,550
11139	62-1839257	Unison Health Plan of Tennessee, Inc.	(11,000,000)				(7,502,217)				(18,502,217)	

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.		14,000,000			(10,821,139)				3,178,861	
	94-2649097	United Behavioral Health					498,685,666			(331,859)	498,353,807	
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.					62,919				62,919	
	41-1289245	United HealthCare Services, Inc.	2,029,500,000	(21,000,000)			6,016,261,072				8,024,761,072	
	41-1321939	UnitedHealth Group Incorporated	1,081,384,136	(117,000,000)			2,387,295,085			5,738	3,351,684,959	
79413	36-2739571	UnitedHealthcare Insurance Company	(1,669,610,297)	(50,000,000)			(6,442,867,593)	340,210,211		(24,172,776)	(7,846,440,455)	(776,992,013)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(35,000,000)				(49,779,513)				(84,779,513)	
60093	11-3283886	UnitedHealthcare Insurance Company of New York	(40,000,000)				(296,785,561)	(119,974,420)			(456,759,981)	238,082,163
73518	31-1169935	UnitedHealthcare Insurance Company of Ohio	(25,000,000)				(40,059,636)				(65,059,636)	
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley					(13,518,487)				(13,518,487)	
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(41,000,000)				(44,325,702)	(375,172)			(85,700,874)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.					(21,177,935)	(143,721)			(21,321,656)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.					(3,662,412)	(23,065)			(3,685,477)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.					(234,906)	(2,776)			(237,682)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.					(193,538,801)	(1,062,534)			(194,601,335)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.					(20,642,192)	(145,389)			(20,787,581)	
60318	36-3280214	UnitedHealthcare of Illinois, Inc.					(11,089,726)	(75,970)			(11,165,696)	
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.					(11,419,698)	(70,648)			(11,490,346)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.		6,000,000			(1,790,105)	(28,048)			4,181,847	
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.		15,000,000			(630,727)	(666)			14,368,607	7,340
95149	05-0413469	UnitedHealthcare of New England, Inc.					(82,096,641)	(1,703,843)			(83,800,484)	7,480,836
95085	06-1172891	UnitedHealthcare of New York, Inc.					(173,512,425)				(173,512,425)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(80,000,000)				(126,238,833)	(1,414,267)			(207,653,100)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.					(127,818,847)	(828,075)			(128,646,922)	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	(28,600,000)				(158,560,292)	6,633,080	-		(180,527,212)	61,883,672
11775	32-0062883	UnitedHealthcare of South Carolina, Inc.		23,000,000			(32,502,771)	495,351			(9,007,420)	961,658
11147	63-1036814	UnitedHealthcare of Tennessee, Inc.	(2,100,000)				(4,466,126)				(6,566,126)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(2,707,206)	(22,526)			(2,729,732)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.					(113,621,428)	(709,399)			(114,330,827)	
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.	(6,500,000)				(20,735,589)	(596,648)			(27,832,237)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(30,000,000)				(98,401,512)	(2,283,712)			(130,685,224)	5,761,873
95501	41-1488563	UnitedHealthcare of Utah, Inc.					(23,576,137)	(187,906)			(23,764,043)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(44,300,000)				(183,876,755)	3,186,515			(224,990,240)	1,070,525
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(60,000,000)				(379,741,433)	(3,188,316)			(442,929,749)	
	47-0854646	UnitedHealthcare Service LLC					183,587,691				183,587,691	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.					269,271,143				269,271,143	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE UnitedHealthcare of Arkansas, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES












The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2.	Will an actuarial opinion be filed by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1? .....	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING		
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
20.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
AUGUST FILING		
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
23.		

Bar Codes:

11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	
18.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	
19.	Life Supplement [Document Identifier 211]	
20.	Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	
23.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	

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